



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MEDICAL PRACTICE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO APPLY FOR A DELAWARE PHYSICIAN ASSISTANT LICENSE

To apply for licensure as a Physician Assistant, the Delaware Board of Medical Practice requires primary source verification of all credentials. **Please follow these instructions.** If you have questions, please contact the Delaware Board of Medical Practice at 302-744-4507 or at Victoria.Hall@state.de.us.

Applicants must submit a completed notarized application with the non-refundable pro-rated fee. (See Fee Schedule for Instructions.) Please make your check or money order payable to the "State of Delaware." In addition to the above, the following documentation is required when submitting your application:

8 1/2" X 11" copy of your physician assistant diploma/certificate

8 1/2" X 11" copy of your National Certifying Certificate (If you are not yet nationally certified due to being a new graduate from a physician assistant program, this requirement is waived.)

1. Verification of Physician Assistant Education

Applicants must send a request for verification of their education using the Verification of Physician Assistant Education form. This form is available at www.dpr.delaware.gov or by calling the Board office at 302-744-4507. If you have attended more than one school, you must provide a copy of this form to each school that you have attended. The completed *Verification of Physician Assistant Education* form(s) must be sent from the school directly to the Delaware Board of Medical Practice.

2. Verification of National Certification

The National Commission on Certification of Physician Assistants is responsible for the administration of the Physician Assistant National Certifying Exam (PANCE). Applicants must also request that PANCE scores be released to the Delaware Board of Medical Practice by sending a signed written request with the applicant's name and social security number to:

NCCPA
12000 Findley Road
Suite 200
Duluth, GA 30097

This report must be sent directly to the Delaware Board of Medical Practice office. More information can be obtained from the Internet at www.nccpa.net or by calling 678-417-8100.

3. Verification of Physician Assistant License

The Delaware Board of Medical Practice requires primary source verification from the state licensing board of all physician assistant licenses that you currently hold, or have ever held. The *Verification of Physician Assistant License* form is available on the www.dpr.delaware.gov or by calling the Board office at 302-744-4507. Applicants should check with the individual states to determine if a fee is required. The official completed license verification(s) must be sent from the state licensing board office directly to the Delaware Board of Medical Practice office. (Internet verifications or FAX verifications will not be accepted.) The Delaware Board of Medical Practice requires verification with the state board seal affixed. If you are not licensed in any state or jurisdiction, this does not apply to you.

4. Self Query from the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB)

The Delaware Board requires a self-query from the NPDB and HIPDB. A self-query is a practitioner's request for information in the NPDB and HIPDB about him or herself. All self-query requests are automatically submitted to both the NPDB and the HIPDB. A practitioner may self query by completing and returning a signed and notarized *Practitioner Response to Information for Disclosure (Self Query)* form or by calling the NPDB Help Line at 1-800-767-6732 and providing pertinent data to an Information Specialist. This request can be found on the Internet at www.npdb-hipdb.com/forms.html.

The response to a practitioner's self-query application is mailed to the applicant's address on the application. If the mailing address is not identified, the response is sent to the practitioner's home address. When an applicant receives the self-query from the NPDB and HIPDB, the information should be reviewed to ensure that it is accurate. If the report is correct, please submit the original report to the Delaware Board of Medical Practice.

5. Physician's Assistant Prescriptive Authority

A licensed Physician Assistant may apply for controlled or non-controlled prescriptive authority by submitting a *Physician Assistant Application for Prescriptive Authority* found at www.dpr.delaware.gov/boards/medicalpractice/forms.shtml to the Board office. When approved by the Board of Medical Practice, the Physician Assistant is allowed to prescribe medication under the supervision of a licensed physician in the State of Delaware.

6. Reinstatement of Licensure

If you previously held a Delaware Physician Assistant license and it expired more than 2 years ago, you must submit a completed application along with the pro-rated fee and items numbered 3, 4 and 5. In addition to items 3, 4 and 5, you are required to submit proof of having obtained 100 cumulative hours of CME over the last 2 years, 40 of which are AMA Category I CME, pursuant to the Delaware Board of Medical Practice, Rules and Regulations, Section 25.2.

Please note: When your application is complete, (whether or not a temporary permit has been issued - see page 4 of the application for details), please allow 4-8 weeks to receive your permanent license. A complete application is one that includes all required documentation and correct payment.